

# **TOWN OF DAVIE FIRST TIME HOMEBUYER PROGRAM**

**State Housing Initiatives  
Partnership (SHIP) Funds**

***INFORMATION AND  
APPLICATION PACKAGE***



OFFICE OF COMMUNITY DEVELOPMENT  
COMMUNITY SERVICES DIVISION

4700 SW 64<sup>TH</sup> AVENUE- SUITE D , DAVIE, FLORIDA 33314  
PHONE: (954) 797-1173 FAX: (954) 797-2058 [WWW.DAVIE-FL.GOV](http://WWW.DAVIE-FL.GOV)

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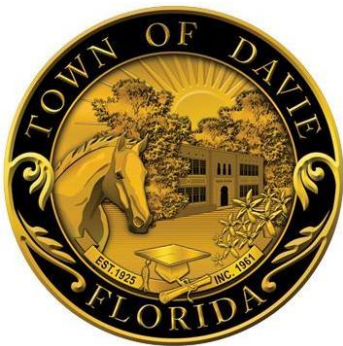


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# First Time Homebuyer Program

## State Housing Initiatives Partnership (SHIP) Funds



SHIP Funds will be made available to income eligible very low, low and moderate-income first time homebuyers with the goal of expanding homeownership opportunities to the identified targeted income groups. A maximum deferred payment loan up to \$35,000 (low, very-low income applicants) and up to \$25,000 (moderate income applicants) is applied towards the closing costs, first mortgage reduction, and/or down payment assistance for the purchase of eligible owner-occupied housing.

### Program Features:

- Applicants will be selected on a first come, first qualified, first served basis within income groups. To insure compliance with income set-asides, first priority will be given to persons with developmental disabilities as defined in section 393.063 of the Florida Statutes. Second Priority will be given to other eligible persons with special needs as defined in section 420.0004 of the Florida Statutes. Priority is also given to Low and Very-Low Income households.
- Existing unit – The second mortgage shall be deferred for a period of ten (10) years at zero (0%) percent interest.
- Applicants must not own any other residential property for the past three (3) years as evidenced by previous three (3) years tax returns.
- Applicants must receive a certificate of housing counseling upon completion of an eight (8) hour education and counseling workshop conducted by a HUD certified housing counselor. The certificate is required prior to loan closing.
- All SHIP proceeds must be used to pay closing costs; down payment; principal reduction and must not be used for debt consolidation, or cash-out to applicant.
- Down Payment: In all cases, buyer must contribute a minimum of one percent 1% of the purchase contract price, sales prices, of their own funds toward the transaction.
- **Applicant may choose any lender** (recommended list of registered lenders on page 4). However, applicant must make a mortgage application with an approved lender who shall meet any lender's qualifying criteria as established by the Town of Davie.
- **\*\*PLEASE REFER TO PAGE 3 FOR LIST OF REQUIRED DOCUMENTS\*\***



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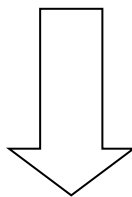
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## A Quick Look at the Process

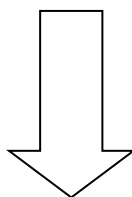
8 Hour Course with  
HUD Approved  
Counseling Agency

Find your lender  
&  
Get Pre-approval

Find your Home



**APPLICATIONS  
ACCEPTED ONLY FROM  
YOUR LENDER**



Town Reviews  
Application/Documents.

Please note: Process may  
take up to 4 weeks

Town will then notify of  
award amount.



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**INSTRUCTION FOR LENDERS**

**(Please provide these guidelines to your lender)**

1. Please carefully review the First Time Homebuyer Program guidelines on the following pages to ensure the borrower's file will be underwritten according to these guidelines. This program is designed to provide an affordable housing mortgage loan to all who meet the program guidelines. The Loan must be fully (income and assets) documented.
2. If your borrower would like to apply for Town of Davie down payment assistance (SHIP) -please submit the following:
  - Loan approval/commitment signed by lender and borrower
  - FNMA 1003 - typed, signed by lender and borrower
  - FNMA 1008 – completed
  - Photocopies of all VOE's, VOD's and financial statements
  - Photocopy of signed Good Faith Estimate
  - Real estate sales contract – signed by all parties
  - Property Appraisal – photocopy
  - Home Inspection report – photocopy
  - Lead Based Paint Inspection (for homes built prior to 1978)
  - Educational Home Buyer Workshop – photocopy of certificate
  - Down Payment Assistance Worksheet, completed and signed by lender
  - Tax Return (all pages) and forms W2/1099 covering the past 3 years. If self-employed, YTD P&L statement
  - Most recent pay stubs covering three (3) months for all adults in the household
  - Six (6) most recent bank statements (all pages) for each bank account
  - Awards letter for social security and pension
  - Financial Institution must be registered to conduct business in the State of Florida and provide evidence of such
  - Closing Agent name , contact person and phone number

**Town of Davie contact**

*Glenda Bonaventura*  
4700 SW 64<sup>th</sup> Ave., Suite D  
Davie, FL 33314  
Office: (954) 797-1196

If ALL of the above required documents are not received simultaneously, the file will not be processed.

***Note: Upon receipt of the above documents, we will contact the borrower to begin the certification process within 48 hours. We require 4 weeks processing time.***

***Additionally, we require 7 business days to obtain the check from our Accounting Division. These time frames are strongly adhered to.***

***Lender shall provide a contact name, phone number and e-mail addresses. We will notify lender that loan package has been received and the staff processing the file.***

***Down payment assistance is available on first come, first qualified, first served basis.***

***Down payment assistance is available to persons purchasing a home in Davie.***



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## Registered Lenders

<p><b>BB&amp;T Bank</b> 1999 University Drive, Suite #101 Coral Springs, FL 33071 Contact: Cathy Albamonte Phone: 954-753-7714, Fax: 954-753-7703 E-mail: <a href="mailto:calbamonte@BBandT.com">calbamonte@BBandT.com</a></p>	<p><b>Gibraltar Private Bank &amp; Trust</b> 220 Alhambra Circle, 5th Floor Coral Gables, FL 33134 Contact: Juan E. Rojas Phone: 305-476-5545, Fax: 305-447-6250 E-mail: <a href="mailto:jrojas@gibraltarprivate.com">jrojas@gibraltarprivate.com</a></p>
<p><b>CitiBank, N.A.</b> 2789 N. University Drive Coral Springs, FL 33065 Contact: Laurie Mindlin Phone: 954-243-5907, Fax: 855-451-2781 Email: <a href="mailto:Laurie.Mindlin@Citi.com">Laurie.Mindlin@Citi.com</a></p>	<p><b>HSBC Bank USA</b> 1291 South Pompano Parkway Pompano Beach, FL 33069 Contact: Edith W. Bynes Phone: 954-218-0643, Fax: 954-903-7631 E-mail: <a href="mailto:edith.w.bynes@us.hsbc.com">edith.w.bynes@us.hsbc.com</a></p>
<p><b>Florida Community Bank</b> 2500 Weston Road, Suite #300 Weston, FL 33331 Contact: Robin Holley Phone: 954-984-3314, Fax: 954-861-4589 E-mail: <a href="mailto:rholley@fcb1923.com">rholley@fcb1923.com</a></p>	<p><b>New Penn Financial</b> 2400 East Commercial Boulevard, Suite #321 Fort Lauderdale, FL 33308 Contact: Veronica Sylvester Phone: 954-240-0140, Fax: 610-629-6761 E-Mail: <a href="mailto:Vsylvester@newpennfinancial.com">Vsylvester@newpennfinancial.com</a></p>

The lender will explain the program and pre-qualify you based on the First Time Home Buyer Program guidelines to determine if you are eligible to participate. As part of the pre-approval process, the lender will review your eligibility for down payment assistance as well. The lender will advise you of the availability of down payment assistance.

Disclaimer: The Town of Davie is not responsible for the borrower's selection of lender, financing terms, actions or decisions made by lenders. Lender decisions are final.







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## HUD Approved Counseling Agencies here in Broward County...

<b>CRISIS HOUSING SOLUTIONS</b>	Phone: 954-587-0160 Fax: 954-587-0170 E-mail: <a href="mailto:info@crisishousingsolutions.org">info@crisishousingsolutions.org</a>	4700 SW 64th Avenue - Suite C DAVIE, Florida 33314-4433
<b>URBAN LEAGUE OF BROWARD COUNTY (BRANCH OFFICE)</b>	Phone: 954-625-2574 Fax: 954-321-2276 E-mail: <a href="mailto:Cbiscardi@ULBCFL.ORG">Cbiscardi@ULBCFL.ORG</a>	3521 West Broward Boulevard Suite 201 FORT LAUDERDALE, Florida 33312-1048
<b>URBAN LEAGUE OF BROWARD COUNTY - MAIN OFFICE</b>	Phone: (954) 584-0777 Fax: 754-200-5750 E-mail: <a href="mailto:RSigler@ulbcfl.org">RSigler@ulbcfl.org</a> Website: <a href="http://www.ulbroward.org">www.ulbroward.org</a>	560 NW 27th Ave. FORT LAUDERDALE, Florida 33311-8654
<b>NEW VISIONS COMMUNITY DEVELOPMENT CORPORATION</b>	Phone: 954-768-0262 Toll-free: 954-768-0262 Fax: 954-768-0964 E-mail: <a href="mailto:jjrobo@bellsouth.net">jjrobo@bellsouth.net</a> Website: <a href="http://www.newvisionscdc.com">www.newvisionscdc.com</a>	1004 NW 1st Street Suite 3 FORT LAUDERDALE, Florida 33311-8856
<b>BROWARD COUNTY HOUSING AUTHORITY</b>	Phone: 954-739-1114 Fax: 954-497-3726 E-mail: <a href="mailto:housingcounselor@bchafl.org">housingcounselor@bchafl.org</a> Website: <a href="http://www.bchafl.org">www.bchafl.org</a>	4780 N State Road 7 LAUDERDALE LAKES, Florida 33319-5860
<b>NEIGHBORHOOD HOUSING SERVICES OF SOUTH FLORIDA- BROWARD COUNTY</b>	Phone: 954-564-4037 Toll-free: 888-912-3953 Fax: 305-751-2228 E-mail: <a href="mailto:info@nhssf.org">info@nhssf.org</a> Website: <a href="http://www.nhssf.org">www.nhssf.org</a>	2880 W Oakland Park Boulevard, Suite 115 Oakland Park, FL 33311
<b>HOUSING FOUNDATION OF AMERICA</b>	Phone: 954-923-5001 Fax: 954-924-1225 E-mail: <a href="mailto:hfatoday@gmail.com">hfatoday@gmail.com</a> Website: <a href="http://www.approvedbyhud.org">www.approvedbyhud.org</a>	2400 N University Drive # 200 PEMBROKE PINES, Florida 33024-3629
<b>CCCS OF THE MIDWEST</b>	Phone: 800-355-2227 Toll-free: 800-355-2227 Fax: 614-552-4800 E-mail: <a href="mailto:info@apprisen.com">info@apprisen.com</a> Website: <a href="http://www.apprisen.com/home.asp">www.apprisen.com/home.asp</a>	1333 S. University Drive Suite 210 PLANTATION, Florida 33324-4087
<b>CONSOLIDATED CREDIT SOLUTIONS, INC.</b>	Phone: 954-484-3328 Toll-free: 866-435-1876 Fax: 954-377-9661 E-mail: <a href="mailto:housing@consolidatedcredit.org">housing@consolidatedcredit.org</a> Website: <a href="http://www.consolidatedcredit.org">www.consolidatedcredit.org</a>	5701 W Sunrise Blvd Plantation, Florida 33313-6269
<b>DREAM HOME ORGANIZATION, INC.</b>	Phone: (954) 474-4884 E-mail: <a href="mailto:info@dreamhomeorganization.org">info@dreamhomeorganization.org</a> Website: <a href="http://www.dreamhomeorganization.org">www.dreamhomeorganization.org</a>	201 N University Drive, Suite 105 Plantation, FL 33324



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## Broward County Income Limits

The Broward County Income Category Chart is based on the U.S. Department of Housing and Urban Development (HUD) Income Limits Documentation System.

### **Broward County's Median Income is \$60,900**

Household Size	Extremely Low (30%)	Very Low (50%)	Low (80%)	Moderate (120%)
1 person	\$15,250	\$25,400	\$40,600	\$60,960
2 person	\$17,400	\$29,000	\$46,400	\$69,600
3 person	\$20,160	\$32,650	\$52,200	\$78,360
4 person	\$24,300	\$36,250	\$58,000	\$87,000
5 person	\$28,440	\$39,150	\$62,650	\$93,960
6 person	\$32,580	\$42,050	\$67,300	\$100,920
7 person	\$36,730	\$44,950	\$71,950	\$107,880
8 person	\$40,890	\$47,850	\$76,600	\$114,840

Effective: March, 2016

### **Home Sale Prices Cannot Exceed:**

- **New Construction - \$391,154**
- **Existing Construction - \$391,154**

PLEASE CONTACT THE TOWN OF DAVIE OFFICE OF COMMUNITY DEVELOPMENT AT 954-797-1173 TO VERIFY IF YOUR HOUSEHOLD ANNUAL INCOME IS AT THE ELIGIBLE INCOME LEVEL AT THE TIME OF YOUR APPLICATION. ASSISTANCE MAY ONLY BE AVAILABLE TO HOUSEHOLDS BELONGING TO A PARTICULAR INCOME BRACKET DUE TO SET-ASIDE PROGRAM REQUIREMENTS AND AVAILABLE FUNDS FROM FUNDING SOURCE.

Please note: Income Limits for the Section 8 program are no longer subject to HUD's Hold Harmless Policy; please refer to the following Federal Register Notice, available [here](#), for more information.





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**Program:** SHIP FIRST TIME HOMEBUYER PROGRAM

**RESIDENT APPLICATION**

**A. Applicant Information:**

**Applicant Name:** \_\_\_\_\_ **Social Security:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Permanent Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**How long at this address?** \_\_\_\_\_

**Marital Status:** ☐ Married ☐ Single ☐ Unmarried Partner ☐ Divorced ☐ Separated ☐ Widowed

**Race:** ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Indian ☐ Other \_\_\_\_\_ **Sex:** ☐ Male ☐ Female

**Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Years Employed:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Co Applicant Information:**

**Co-Applicant Name:** \_\_\_\_\_ **Social Security:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Permanent Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**How long at this address?** \_\_\_\_\_

**Marital Status:** ☐ Married ☐ Single ☐ Unmarried Partner ☐ Divorced ☐ Separated ☐ Widowed

**Race:** ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Indian ☐ Other \_\_\_\_\_ **Sex:** ☐ Male ☐ Female

**Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Years Employed:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Employer Fax Number:** \_\_\_\_\_



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**Household Member over 18 Information:**

Attach additional sheet, if needed for all household members over 18.

**Name of Household Member over 18:** \_\_\_\_\_ Social Security: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Permanent Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Marital Status: ☐ Married ☐ Single ☐ Unmarried Partner ☐ Divorced ☐ Separated ☐ Widowed

Race: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Indian ☐ Other \_\_\_\_\_ Sex: ☐ Male ☐ Female

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**B. Anticipated Annual Income: Includes unearned income and support paid on behalf of minors.**

ANNUAL GROSS INCOME-ATTACH ADDITIONAL SHEET IF NEEDED

SOURCE	APPLICANT NAME:	CO-APPLICANT NAME:	OTHER MEMBER NAME:	TOTAL
Gross Salary				
Overtime, Tips, Bonuses, etc				
Interest/Dividends				
Business net Income				
Rental net Income				
Social Security, Pensions, etc.				
Unemployment, Workers Comp.				
Alimony, Child Support				
Welfare Payments, Public Assistance				
Other (List)				

Enter total of items

This amount is the **Anticipated Annual Household Income**

\$



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**Please complete the following for ALL members of the household-Attach additional sheet, if needed.**

**C. Household Information:**

Full Name	Date of Birth / Age	Race	Relationship	Social Security #
1.			SELF	
2.				
3.				
4.				
5.				
6.				

**D. Assets: (For all household members.)**

TYPE	Name of Account Holder	Cash Value	Annual Income From Assets	Bank Name	Account No.
Checking Account(s)					
Savings Account(s)					
Credit Union Account(s)					
Pension(s)					
Stocks, Life Insurance					



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**E. Request for Assistance:**

**Assistance Type:** \_\_\_\_\_

**Total Grant Amount:** \$ \_\_\_\_\_ (to be completed by CSD staff)

**Disability / Special Needs:**

Do you or any member of your immediate family have any disabilities or special needs? ☐ Yes ☐ No

- ☐ Developmental disability.

*"Developmental disability" means a disorder or syndrome that is attributable to retardation, cerebral palsy, autism, spina bifida, or Prader-Willi syndrome; that manifests before the age of eighteen (18); and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.*

- ☐ Other disability/special need.

*"Person with special needs" means an adult person requiring independent living services in order to maintain housing or develop independent living skills and who has a disabling condition; a young adult formerly in foster care who is eligible for services under s. 409.1451(5); a survivor of domestic violence as defined in s. 741.28; or a person receiving benefits under the Social Security Disability Insurance (SSDI) program or the Supplemental Security Income (SSI) program or from veteran's disability benefits. OR A "Disabling condition": A diagnosable substance abuse disorder; Serious mental illness.*

**Recipient Statement:** The information on this form is to be used to determine eligibility based on income. I/we have provided, for each person set forth in Item D, acceptable verification of current and anticipated annual income. I/we certify that the statements are true and complete to the best of my/our knowledge and belief and are given under penalty of perjury.

***WARNING:*** Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under § 775.082 or 775.83.

I also give the Town of Davie the authorization to share any of the information contained herein with appropriate federal, state, and local organizations that may be called upon for assistance. I recognize that my Social Security number and the other information herein will not be shared publicly.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Co-Applicant Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed Name of Co-Applicant

\_\_\_\_\_  
Signature of Adult Household Member Date

\_\_\_\_\_  
Signature of Adult Household Member Date

\_\_\_\_\_  
Printed Name of Adult Household Member

\_\_\_\_\_  
Printed Name of Adult Household Member

**STATEMENT REQUIRED PURSUANT TO FLORIDA STATUTES SECTION 119.771(5) FOR THE COLLECTION OF SOCIAL SECURITY NUMBERS.**

*The Town of Davie collects your social security number and the social security numbers of all members of your household for the following purposes: identification and identity verification; income and employment verification; verification of assets; verification of number of persons in household; verification of receipt of federal housing assistance; and data collection and reconciliation to detect benefits fraud. Please note that social security numbers are also used as a unique numeric identifier and may be used for search purposes.*